

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|----|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | 1 | | | | | |
| 2 | 1 | | | | | |
| 3 | 1 | | | | | |
| 4 | 1 | | | | | |
| 5 | 4 | | | | | |
| 6 | 4 | | | | | |
| 7 | 4 | | | | | |
| 8 | 4 | | | | | |
| 9 | 1 | | | | | |
| 10 | 1 | | | | | |
| 11 | 1 | | | | | |
| 12 | 1 | | | | | |
| 13 | 1 | | | | | |
| 14 | 1 | | | | | |
| 15 | 1 | | | | | |
| 16 | 1 | | | | | |
| 17 | 1 | | | | | |
| 18 | 1 | | | | | |
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TOTAL IND.

1

20

TOTAL DEP.

1

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TOTAL CLAIMS

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TOTAL IND.

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TOTAL DEP.

1

20

TOTAL CLAIMS

1

20